



DATE: 3 Jan 00 OUR REF 9815078(915)

HON. COMMISSIONER OF PATENTS AND TRADEMARKS WASHINGTON, D.C. 20231

SIRS:

Attached is the following XXXXX application papers (x) spec. (x) claims. (x) formal drawing. (x) declaration, power of attorney, petition. () certified copy. () Rule 1.97/8 statement.

Enclosed are: Fee Calculation sheet, showing fee enclosed or in duplicate authorizes charge to Deposit Account; (NO) Assignment and Cover Sheet, showing fee enclosed or in duplicate authorizes charge to the Deposit Account.

Convention Priority is ( ) is not (x ) asserted on Japan SN 10/351,347 filed 12/10/98

The certified copy(s) will be filed shortly ( ).

( )This is a small entity/individual application. A certification to that effect is filed herewith( ) or will be filed shortly( ).

( )The following PCT documents are filed.( ) Transmittal letter.
( ) Request. ( ) International Search Report. ( )others.\*\*

INVENTOR(S) - Tatsuo KAWANAKA

TITLE - Illegitimate duplication preventing method, data processing apparatus, and medical imaging apparatus

(see above \* or \*\*)

MOONRAY KOJIMA BOX 627 WILLIAMSTOWN, MASS 01267

M. KOJIMA -Tel (413)458-2880

I hereby certify that the correspondence upon which this notice is placed is being deposited with the US Postal Service as EXPRESS first class mail in an envelope addressed to the Commissioner of Patents, Washington, D.C. 20231, on the date set forth below.

MOONRAY KOJIMA, ATTORNEY. (signed)

Date 1/3/00

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VIN THE US PATENT OFFICE	
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FILED - concurrently herewith	I hereby certify that the correspondence upon the
BY - Kawanaka	this metice is placed is being deposited with the 17.  Postal Service as first class mall in an envolume
SIRS:	ac trassed to the Commissioner of Patents Washington, D.C. 20231 on the date set forth below.
Document on which fee is calculated:	MOONRAY KOJIMA, ATTORNEY
[x] Application [] Amendment	DATE 1/3/00
Entity Status: [x] Non-small entity	/
[ ] Small Entity; [ ] cert. filed herewit	h [ ] Cert. filed priorly
APPLICATION	
Basic Fee	\$ 690.00
3 Main claims $(-3)$ 0 x $\frac{4}{3}$	= \$ 0
3 Total Claims (-20) 0 X 4	= \$ 0
Multiple Dep. [ ] Yes $[^{\mathrm{X}}]$ No	<u>\$</u>
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AMENDMENT	~
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Basic Fee	\$
Main claims (-3) (-)	= x \$ = \$
Total Claims (-20) (-)	= X <u>\$</u> = <u>\$</u>
Multiple Dep. 1st time [ ] Yes [ ] No.	\$
	DEFICIENCY \$
FEE DUE \$ 690.00 [ ] Enclosed herewith	by check
	500, duplicate attached.
	Respectfully,
MOONRAY KOJIMA BOX 627	TVI Kore
WILLIAMSTOWN, MA 01267 Tel (413)458-2880	M' GOJIMA